
CCLHO

California Conference of Local Health Officers

Department of Health Services
1501 Capitol Avenue, Suite 71.6065
P.O. Box 997413, MS 7003
Sacramento, CA 95899-7413
Fax: (916) 440-7595 Office: (916) 440-7594
Roberta Lawson, RDH, MPH, Executive Administrator

April 5, 2005

Sandra Shewry, Director
California Department of Health Services
1501 Capitol Avenue
P. O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Director Shewry:

The California Conference of Local Health Officers (CCLHO) applauds the efforts of the California Department of Health Services (CDHS) in helping counties address the newly identified outbreak of tuberculosis (TB) in Hmong refugees who recently arrived from Thailand. In the last 10 months, local California health departments have detected 28 TB cases among 3400 Hmong refugees. This yields a TB case rate of over 800 TB cases per 100,000 population; a rate 100 times higher than the overall California TB case rate.

Four of the 28 cases (14 percent) have the deadliest form of TB, those that are resistant to multiple medications. This rate of drug resistance is 10 times higher than the proportion of all of California TB cases that are multidrug resistant (MDR). MDR TB poses an especially grave threat given the great cost of long term treatment needed to treat active cases with more toxic medications, poor cure rates, and ultimate absence of medicines with proven effectiveness in preventing those who have become infected due to exposure to these cases from developing active Multiple Drug Resistant TB disease.

CDHS has provided, and continues to provide emergency funding and technical assistance, and has deployed staff, and enlisted assistance from the Centers for Disease Control and Prevention (CDC). At the local level, county health departments already strained by fiscal and staffing constraints have also redirected staff to the huge workload of investigating and containing this outbreak. However, the state and federal assistance is insufficient, and we cannot sustain our local staff redirection without seriously jeopardizing other TB and public health programs in the long run.

Containing this outbreak will require a sustained multiyear statewide effort, which exceeds our current capacity. So far, all of the outbreak related TB cases among this new wave of Hmong refugees have been reported from Fresno and Sacramento, but as counties complete their work locating and evaluating Hmong refugees, additional counties are likely to detect related TB cases. Hmong

Sandra Shewry, Director
Page 2
April 5, 2005

refugees have resettled in 19 counties, and secondary migration will, without doubt, impact additional counties. While an estimated 2000 more refugees will continue to arrive through 2007, it must be remembered that it takes a minimum of 18-24 months to treat MDR-TB cases, plus several additional years of post-treatment follow up. Additionally, some people with latent TB infection (no active disease) who are cleared to travel, may break down their natural defenses and develop full blown, active disease within the first 2-5 years after arrival in the United States. Even though we anticipate Medi-Cal reimbursement for most of the clinical services, local health departments in California lack the resources needed to provide the additional case management that the active cases require to ensure completion of treatment, to conduct case contact investigation and ensure that contacts are properly treated in order to stop the spread of TB in the refugee families and within the population of the communities into which they will be joining.

This effort to provide continued surveillance for the emergence of active disease will need to continue in this population (and other populations, given secondary migration throughout the state) for at least 5 years after the last refugee arrives—well into 2012!

Therefore, we urge you to take whatever measures necessary to obtain a commitment from the Governor to lobby Congress to appropriate additional federal TB funding to state and local health departments in order to address this international refugee and domestic health crisis. To accomplish our task, we estimate that our state will require an additional and immediate \$4 million dollars per year over the next three years.

Additional future funding to maintain surveillance and identify newly emergent active cases from the infected reservoir may well be needed from 2007-2012.

It should be remembered that even before the recognition of this outbreak of potentially deadly MDR-TB, that although California reports 21 percent of the nation's TB cases, our state receives only 18 percent of the total federal TB dollars, which translates to a (pre-outbreak) shortfall of over \$2 million per year.

This outbreak reminds us that fully 1/3 of the entire global population is infected with TB and that TB, and its deadliest, multidrug-resistant strains are global epidemics. No part of the world can stay isolated, because TB is spread through the air and we live in an international community. Every year in California, three quarters of the state's 3000 newly reported TB cases are in persons born outside of the U.S. For this reason, we can never lose sight of the need to maintain a strong public health infrastructure in order to protect the health of newcomers, as well as the communities they are joining.

Sandra Shewry, Director
Page 3
April 5, 2005

For more information, please feel free to contact me at (650) 573-2757.

Sincerely,

(Original signed by:)

Scott Morrow, M.D., M.P.H.
President, CCLHO

Cc:

Charles Crane, MD, MPH, President, California TB Controllers Association
Richard Jackson, MD, MPH, State Public Health Officer
Bruce Pomer, Executive Director, Health Officers Association of California